AN ACTION PLAN FOR EPILEPSY

Colour-coded guide helps caregivers manage epilepsy seizures

Epilepsy is the ability to have recurrent seizures without an immediate cause. The condition is common in Singaporean children, with about 150 new cases of epilepsy and seizures diagnosed each year. The condition significantly impacts children and their caregivers, especially at the onset of the child’s seizures, and at the point of diagnosis.

Some children with epilepsy may initially be unaware that they experience seizures, but others who can feel the onset of their seizures eventually become fearful of them. Over time, some children even struggle to come to terms with having a chronic disease and the need for long-term medication.

Parents and caregivers are often even more affected by the child’s diagnosis, feeling devastated and worrying about the child’s safety, future and cause of the seizures.

Accurate information and counselling at the point of diagnosis helps many child sufferers and their caregivers to cope with, and adjust to the care process. However, the traditional care process, comprising verbal instructions by multiple healthcare providers, often results in poor knowledge retention and repeated enquiries, especially among caregivers of children newly diagnosed with epilepsy.

Continued on page 2...
REDESIGNING CARE FOR CHILDREN WITH EPILEPSY

Each year, the Neurology Service at KK Women’s and Children’s Hospital (KKH) diagnoses 75 to 100 new cases of childhood epilepsy, and provides follow-up care to hundreds more.

To empower caregivers to provide prompt first aid for children in the event of a seizure, the Neurology Service has created the Epilepsy Action Plan – an illustrated first aid instructional guide that can be easily understood and followed by caregivers of children with epilepsy.

The plan also includes step-by-step pictorial references and instructions on:

1. First aid for seizure management
2. Routine medication administration
3. Emergency medication administration
4. What to document after a seizure event
5. When to call for advice
6. When to seek emergency treatment

The Epilepsy Action Plan is systematically designed to allow caregivers easy access to picture guides for the appropriate positioning of the child and medication administration, while following the colour-coded instructions.

Traffic light colours are used to differentiate three levels of the child’s seizures according to severity, and the corresponding instructions for caregivers.

Green for short seizures
Yellow for prolonged or a cluster of seizures
Red for more severe seizures requiring immediate medical attention and intervention

Each plan is personalised with the type, dosage and frequency of medication for short and prolonged seizures.

EDUCATING THE CAREGIVER, COMMUNITY AND BEYOND

From May 2013, a team from KKH’s Neurology Service and Pharmacy Department implemented the Epilepsy Action Plan for caregivers of children newly diagnosed with epilepsy, and other long-term patients who may require knowledge reinforcement.

The plan has been translated into Mandarin, Malay and Tamil, and is slated to be rolled out hospital-wide in September 2013.

The Epilepsy Action Plan is complemented by epilepsy counselling by pharmacists, to educate caregivers on the condition, anticonvulsant medication and proper dosage instructions. This enables more holistic care and management.

To nurture a community that is more aware and conducive for children with epilepsy, Dr Derrick Chan, the Head of KKH’s Neurology Service, and Neurology Nurse Clinician Martha Kao have given several educational talks to teachers and caregivers on epilepsy and seizure-related first aid at schools and childcare centres. The talks also detail the utility and use of the new Epilepsy Action Plan. Both are confident that the plan will continue to redesign and ease the care process for many epileptic children and their caregivers.

“Since its implementation, the plan has empowered many patients’ families, caregivers and school teachers to provide appropriate and holistic care. It has also helped to dispel caregivers’ misconceptions about epilepsy and its management,” Martha shared.

“Physicians from the UK and US have shown a keen interest to incorporate this Epilepsy Action Plan into their care processes and educational initiatives,” said Dr Chan.

“We are definitely looking into proposing the plan for wider application in Singapore. Our vision is to help every child with epilepsy, and their caregivers, to have the best possible outcomes and quality of life,” he added.

For more information about the Epilepsy Action Plan, please write to: Epilepsy.Action.Plan@kkh.com.sg
To evaluate the effectiveness of the Epilepsy Action Plan, the instructional guide was provided to 35 caregivers of children with seizures or newly-diagnosed epilepsy who required rectal diazepam at discharge, between November 2012 and March 2013. The caregivers completed a verbally-administered knowledge questionnaire before receiving the plan, and two weeks after receiving it. Results showed an average knowledge improvement score of 12 percent after caregivers received the action plan. All surveyed caregivers also strongly agreed that the action plan was useful, informative and clearly written. They affirmed that it aided knowledge retention and enabled self-management.

The impact of the Epilepsy Action Plan was even more apparent over the ensuing months. Patients who were provided the plan at diagnosis maintained zero calls to the hospital, related to seizure first aid and management. During the same period, queries related to seizure first aid and management constituted 14 percent of all enquiries from caregivers who did not receive the plan.

The plan was also well-received by healthcare providers. Of 36 doctors, nurses and pharmacists who were surveyed, all agreed that the Epilepsy Action Plan was an efficient way to maintain high standards in counselling and education on seizure-related first aid to caregivers. Moreover, it also proved to be an efficient communication tool for multidisciplinary teams involved in the child’s care.

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**GAINING CONFIDENCE WITH MANAGING SEIZURES**

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**PATIENT STORY**

**Being prepared for seizures**

Diagnosed with epilepsy in June 2013, three-year-old Amelia* experiences a short seizure every three to five days. Occasionally, and especially when she is ill, Amelia experiences a prolonged seizure. Her parents and preschool teachers are now able to provide prompt first aid treatment for her, using the Epilepsy Action Plan developed by the Neurology Service at KKH.

“When Amelia was diagnosed with epilepsy, we were introduced to the Epilepsy Action Plan,” says Amelia’s mother. “Nurse Clinician Martha went through the instructions with us, outlining the steps that we needed to take on a daily basis, and in the event of different types of seizures. We have since memorised the plan, so that we are prepared for anything.”

Briefed by Amelia’s mother and the hospital, Amelia’s preschool is also armed with the Epilepsy Action Plan and a supply of emergency medication (rectal diazepam).

When the little girl experienced a prolonged seizure while in school, her teachers were able to follow the steps outlined by the Epilepsy Action Plan to administer the first aid and emergency medication that she required.

“When your child is having a seizure, staying calm can be the hardest thing to do. But when you know what to do, you can stay in control and make sure that your child is okay,” says Amelia’s mother.

* Not her real name
Stereotactic neuronavigation – ‘GPS’ for the brain

The simplest analogy for stereotactic neuronavigation is that of a global positioning system (GPS) that provides millimetre-precise, three-dimensional (3D) positioning data, allowing surgeons to navigate through areas of the skull and brain during surgery. Correlating physical space with image space through a mathematical relationship, a pointer allows for interactive localisation of specific points in the brain and skull via radiological images viewed on a computer screen.

Neuronavigation and MRI

The most recent use of neuronavigation technology has been in conjunction with intra-operative imaging, such as MRI. In the intra-operative MRI theatre, a scan is performed just prior to surgery to get the most up-to-date data. Immediately after the scan, automatic registration is achieved and surgery with neuronavigation proceeds. During the course of surgery, MRI scans can be performed in real time, for navigational accuracy. This is akin to the updating of a car’s GPS software during a journey, ensuring that the surgeon is always sure of their precise location during surgery.

Example: During a surgical procedure to obtain a biopsy of a brain tumour, the neuronavigation system tracks the brain biopsy needle in real time, and displays its position in relation to patient data. This allows the surgeon to take precise core biopsies from within the tumour, while avoiding adjacent critical anatomical structures (Figure 1).

Apart from its major use in tumour resection, neuronavigation is also incorporated into many other surgical aspects of neurosurgery, such as guided needle biopsies and the placement of brain electrodes and shunts. In the field of minimally invasive neurosurgery, neuronavigation is incorporated into transphenoidal procedures for the resection of skull base tumours, neuroendoscopic procedures to navigate and precisely fenestrate membranes, and biopsies deep in the ventricular system of the brain.

Navigational accuracy is crucial to safer neurosurgery

Some of the key principles that ensure safety in modern-day neurosurgery include the understanding of critical neuroanatomical structures in relation to brain pathology, the ability to accurately target and localise lesions in 3D space within the brain, and the identification of safe surgical corridors in order to access deep-seated brain lesions.

Specialised imaging aids surgical planning and safety during surgery

In addition to stereotactic neuronavigation, other specialised imaging, such as diffuse tensor imaging (DTI) and functional MRI imaging, can further aid surgical planning and safety during surgery. DTI can...
Dr David Low Chyi Yeu graduated from the Royal College of Surgeons in Ireland, and completed a Master of Medicine in Surgery at the National University of Singapore. He pursued advanced surgical training in Neurosurgery at the National Neuroscience Institute, Singapore, and was accepted as a Fellow of the Royal College of Surgeons in Edinburgh. Dr Low’s current subspecialty interests include paediatric neurosurgery and surgical neuro-oncology. He is currently an Assistant Professor at the Duke-NUS Graduate Medical School, and Program Director for the SingHealth Neurosurgery Residency Program.

map out nerve fibre bundles, such as the corticospinal tract, and functional MRI imaging can localise critical motor and speech areas.

These modalities can be ‘fused’ with the original MRI scans, creating 3D images incorporating nerve fibre bundles, functional areas and the brain tumour (Figure 2), to allow surgeons to study, review and plan the best surgical trajectory before commencing surgery.

Multi-disciplinary care for children with brain tumours

As Singapore’s main paediatric hospital, KK Women’s and Children’s Hospital (KKH) works closely with associated specialties across SingHealth to deliver multidisciplinary care for children with brain tumours. These include neuropathology, neuro-oncology, radio-oncology, rehabilitation therapy, psychology and medical social work.

Figure 1. The brain biopsy needle (indicated by a white arrow), in relation to a deep-seated brain tumour (green region) amidst surrounding anatomical structures. The neuronavigation system tracks the location of the needle in real time. The crosshairs indicate the location of the tip of the needle.

Figure 2. 3D reconstructed image demonstrating the intimate relationship between the tumour (pink) with the functional foot area (purple), hand area (green) and the corticospinal tracts (yellow).

WARNING SIGNS OF BRAIN TUMOURS IN CHILDREN

Brain tumours often present with an insidious onset and may mimic many other paediatric conditions. It is important to seek medical advice early to determine if further investigations are necessary. The spectrum of symptoms is wide and depends on the age of the child.

Some typical symptoms include:

• Persistent headaches – especially while sleeping or early in the morning
• Nausea and vomiting associated with headaches
• Increasing sleepiness or fatigue
• Abnormal eye movements
• Deteriorating or double vision

More insidious symptoms include:

• Behaviour or personality change
• Deteriorating school performance
• Decreased appetite and poor feeding

If minor symptoms are overlooked or neglected, the condition often worsens, and patients can rapidly deteriorate and present to hospital in an unstable or critical condition.

Dr David Low Chyi Yeu
When exam stress gets too much for children

Most children in Singapore fear examinations and even parents can often experience exam-related stress. However, it is usually not the exam itself, but its perceived outcome, that causes stress. Children are often afraid of taking exams due to their own, or others’ demand for perfection, potential parental disapproval, and the prospect of losing opportunities for future educational or vocational pathways.

A moderate level of stress can help to prepare the mind and body for challenges. However, excessive levels of stress impair exam performance, and can even trigger an automatic fear response, which can lead to the child becoming overwhelmed by anxiety.

SYMPTOMS OF EXAM STRESS AND ANXIETY

Helping children to regulate their anxiety at a manageable level is important to enhance their academic performance, as well as maintain their overall mental, emotional and physical well-being.

Negative and unhelpful thoughts related to the exam, such as ‘I will do badly’ or ‘I can’t cope’ cause children to experience unhelpful anxiety. They might experience a mental block or even a physiological response, where the body is unable to respond to a situation or carry out necessary tasks. This can occur before and after an exam.

Common symptoms of anxiety include trembling, cold sweat, dry mouth or throat, dizziness, shortness of breath, chest pains, rapid heartbeat, muscle tension, stomach ache, diarrhoea and nausea. Other symptoms include avoidance of studying, actions that are out of character, such as aggression towards self or others, restlessness, irritability, poor concentration, or irrational behaviour, such as compulsive checking of their homework.

STRATEGIES TO HELP CHILDREN MANAGE THEIR STRESS AND REDUCE ANXIETY

Healthy living

Healthy lifestyle habits enhance children’s mental well-being, and help with overall stress management. These include maintaining a healthy and balanced diet, regular physical activity, sun exposure and good sleep hygiene.

Consuming less caffeine can also help to reduce feelings of anxiety and restlessness. Other stress-reducing activities for children include listening to music, playing a musical instrument, talking to a friend, drawing, dancing, reading for pleasure, writing in a journal, going for walks or spending time with a pet.

Time management

Developing organisational skills can help children to better manage their time and large tasks. For example, breaking exam preparations into smaller, more achievable tasks, and creating a revision timetable can help them to cover all the topics they need to revise. The timetable can include regular times for meals, sleep, exercise and relaxation. In addition, having a regular activity timetable can be calming and reassuring for children.

Positive thinking

Positive thinking is a powerful tool that can change negative thoughts into positive ones, and help children to feel less stressed. Parents can teach their children to think positively by challenging the child’s underlying negative thought, and reframing the problem at hand.

For example: If a child has an underlying negative thought about an exam, such as ‘I will fail’ or ‘my life will be ruined’, parents can explore the validity of that thought with the child, and help them to
create a more realistic thinking pattern, such as ‘I will try my best’ and ‘I am well-prepared for this exam’.

Children can also be encouraged to think positively about exam situations, by reinterpreting the stress they experience as beneficial to preparing their mind and body, rather than a hindrance.

**Relaxation exercises**

Relaxation exercises such as deep breathing, muscle relaxation techniques and guided imagery can help to ease exam stress for children.

Breathing exercises are easy to learn, and can provide immediate stress relief during times of tension. A simple breathing exercise involves slowly counting from one to ten while breathing in, and then counting from one to ten while breathing out. Repeat this cycle ten times.

Muscle relaxation exercises, such as alternately tensing and relaxing muscles in different parts of the body, can also decrease physical tension. Focusing on the sensations of these exercises can help the child to achieve mental relaxation.

Guided imagery can also help children to relax by envisioning calming sensory images. The child is encouraged to picture a calming scene, such as a walk by the beach, and imagine the warmth of the sun’s rays, the heat of the sand, smells of the air and the sea, and sounds of the waves crashing and the wind blowing.

**Parents’ unconditional support and reassurance**

Parents play an important role in helping their children cope with stress. Children who are confident in their parents’ love and acceptance are best able to cope with stress.

To support their children during exams, parents can provide reassurance that they are loved unconditionally and that any setbacks or disappointments can be managed. Parents can also lend a willing ear to the child’s problems, and model effective stress management and coping skills. In addition, parents can help children take breaks from stressful exam preparations by supporting positive and relaxing activities such as hobbies, exercise and social activities.

**Conclusion**

Exams are generally stressful experiences. However, children can be taught positive methods to manage their anxiety, and be helped to turn problem situations into positive outcomes.

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**WHEN SHOULD CHILDREN SEEK HELP FOR EXAM-RELATED STRESS OR ANXIETY?**

If exam-related anxiety symptoms are making it difficult for a child to cope with his or her daily functions in studies, social life and personal health maintenance, the child should be referred to the school counsellor for intervention and help to learn stress management strategies. Schools are also well-placed to help children better manage exam stress, as exposure-to-exam exercises can be carried out to help the child practice the coping skills they have learnt.

However, for some children, the feeling of anxiety can become severe and interfere with their daily functioning to such an extent, that referral to a mental health professional may be warranted. In these cases, school counsellors can refer the child to REACH (Response, Early Intervention and Assessment in Community Mental Health), a nationwide community mental health service, to consult with mental health professionals for help to manage the anxiety.

For more information about the REACH mental health programme, visit [www.reachforstudents.com](http://www.reachforstudents.com) or email [admin@reachforstudents.com](mailto:admin@reachforstudents.com)

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Rebecca Lo is an Educational Psychologist with the Child and Adolescent Mental Wellness Service at KK Women’s and Children’s Hospital. Rebecca obtained her training in educational psychology at the University of Melbourne, and is a member of the Australian Psychological Society. Her main area of practice includes assessments and interventions for children and adolescents with mental health, developmental, learning and psychosocial difficulties.
7th KKH Annual Scientific Meeting

Innovating Healthcare for Women and Children

Hosted by KK Women’s and Children’s Hospital, the 7th KKH Annual Scientific Meeting features presentations by experts from across SingHealth institutions and Duke-NUS Graduate Medical School in Singapore, and Duke University, USA. Topics include: obstetrics & gynaecology, women’s anaesthesia, reproductive medicine, mental health, radiology, paediatrics, neonatology and medical education.

Programme Highlights

Date 6-7 September (Friday to Saturday)
Time 8:30am – 6:00pm
Venue KKH Auditorium (Training Centre)
Level 1, Women’s Tower
Contact 6394 8746

4 CME points will be awarded per full day.

Day 1
6 September 2013 (Friday)
Plenary 1 Why Do We Need Clinician Scientists?
Plenary 2 Research - The Journey So Far

Symposia:
1. Academic Medicine – KKH perspective
2. Allied Health Specialties
3. Innovation and Advances in Women’s Health
4. Translational Medicine
5. Nursing
6. The Surgical Neonates: Achievements and Challenges

Day 2
7 September 2013 (Saturday)
Plenary 3 Resident Education in the 21st century: Quality Professionalism and Safety

Symposia:
7. Clinical Support Services
8. Neonatology
9. Department of Psychological Medicine
10. Medicine
11. Updates from Division of Surgery
12. Gynaecological Surgery – Present Challenges and New Developments
13. Workshop – Practical Obstetrics Emergency Training (POET) and Combined Obstetrics Resuscitations and Emergencies Training (CORE)

Registration is required
For registration and more information on the programme, please visit www.kkh.com.sg/events. Seats are confirmed on a first-come-first-served basis. This scientific meeting is for healthcare professionals only.
Live birth of a healthy infant following blastomere biopsy of frozen-thawed embryos for preimplantation genetic diagnosis of Pompe disease.
Chan MLH, Wong WHW, Jiang B, Tan ASC, Tharmalingam DM, Chong YS, Loh SF, Chong SS, Tan HH and Nadarajah S.

KKIVF Centre presents the first reported pregnancy and live birth of a healthy infant following blastomere biopsy of frozen-thawed cleavage stage embryos for preimplantation genetic diagnosis (PGD) in Singapore. This case demonstrates that with improved cryopreservation techniques available, frozen embryos with good post-thaw survival can be subjected to blastomere biopsy with possibly no compromise to embryo development and implantation.

A stepwise approach in the management of chronic urticaria in children
Lee XHM, Cheong JY, Monika, Ong LX, Rao R, Goh ENA, Loh WY, Lim HH, Ding XM, Chiang WC

A stepwise approach to the management of chronic urticaria (CU) with antihistamines, using a weight-based algorithm, has been devised for children seeking treatment at the KKH allergy clinic. The study involved 40 paediatric patients from different ethnicities. Preliminary data indicates that this approach, at 1-2 times recommended dosing (0.25mg/kg/day), resulted in CU control in 67.5 percent of patients. This algorithm may improve the safety profile for paediatric CU patients and allow for review in a more systematic manner.

Association of a polymorphic repeat in the retinoic acid induced 1 gene with perinatal depression and premenstrual/menstrual symptoms
Tan EC, Ng JSH, Tan HS, Lee T, Chen HY

DNA sequencing for patients with confirmed diagnosis of clinical (major) depression related to pregnancy/postpartum showed that the distribution of the retinoic acid induced 1 (RAI1) repeat in the Singapore population is different from published reports. The 14-repeat allele is associated with perinatal depression and more frequent experience of premenstrual/menstrual physical and psychological symptoms. It may be important in understanding theogenesis of mental illnesses, such as depression.

Case report of pelvic actinomycosis presenting as a complex pelvic mass suspicious for malignancy
Radha P, Condon AF, Lim YK

Pelvic actinomycosis is often mistaken for pelvic malignancy. Despite widespread availability of diagnostic imaging, most cases are diagnosed post-operative. Pelvic actinomycosis should always be considered in patients with pelvic mass, especially those who are using long term intra-uterine devices (IUD). Removal of the infected pelvic mass with the appropriate 6-month course of antibiotic therapy helps to cure the pelvic actinomycosis.

Preschool screening for learning difficulties in children with chronic medical conditions: a nurse-based screening programme
Chua AK, Yang PH, Ahmat H, Choy MY, Lim SB, Daniel LM

A nurse-based screening programme has been piloted at KKH. The programme identifies and provides intervention for preschool children with chronic medical problems, who are at risk for learning, developmental and behavioural difficulties that can affect their overall school achievement. Screening includes fine and gross motor skills, concepts, speech and language, literacy, numeracy, handwriting, behaviour, self-help and social development.
Paediatric Surgery Forum

GP Forum for Paediatric Health 2013

1.00pm  Registration and lunch

2.00pm  Flatfeet
         Dr Tay Guan Tzu, Associate Consultant
         Department of Orthopaedic Surgery, KKH

2.15pm  Scoliosis
         Dr Reuben Soh, Associate Consultant
         Department of Orthopaedic Surgery, KKH

2.30pm  Management of common eye disorders in children
         Dr Zena Lim, Writing Consultant
         Ophthalmology Service, KKH

3.00pm  Interactive session

3.15pm  Tea break

3.45pm  Conditions managed by the Paediatric Plastic Surgeon
         Dr Gail Lim & Dr Chew Khong Yik, Registrars
         Department of Plastic, Reconstructive & Aesthetic Surgery, KKH

4.15pm  Common chest wall anomalies in children
         Dr Loh Yee Jim, Consultant
         Cardiothoracic Surgery Service, KKH

4.45pm  Interactive session

2 CME points will be awarded.

Date: 16 November 2013 (Saturday)
Time: 1.00pm to 5.00pm
Fee: Free admission (Lunch and refreshments will be provided)
Venue: KKH Auditorium, Level 1, Women’s Tower.

Pre-registration is required. Seats are based on first-come-first-served basis. Please email your full contact details to marcoms@kkh.com.sg or fax the application form to +65-6394-1555.

For more details, please call +65 6394-8746 (Monday to Friday, 8.30am to 5.30pm) or log on to www.kkh.com.sg.

Registration form: GP Forum for Paediatric Health 2013

Name ___________________________________________ Designation ____________________________
Organisation ______________________________________ MCR no. ______________________________
Address _______________________________________
Postal code ___________________ Telephone (H) ________ (O) _____________________________
Email ___________________________________________

☐ General Practitioner  ☐ Paediatrician  ☐ Others

Organised by: ____________________________  Sponsored by: ____________________________
A beneficiary turns benefactor

Molly knows better than most how financial support can help to change a person’s life for the better. Much of the cheerful nurse’s childhood was spent in an orphanage in India, where she was the beneficiary of financial support from anonymous donors.

“I grew up in an institution for orphaned children,” Molly shared. “The founder of the institution and his German wife were often visited by friends from abroad. They were very kind, and would visit, or take us out to spend the day with them, and would contribute money to the institution for us. Later, during my nursing studies, they would send me Christmas cards.”

“I know how important it is for institutions to receive funds to help people in need. And because I received so much back then, I now want to contribute to help others,” she said.

Supporting long-term care for needy patients

Molly joined KKH in 1999, as an operating theatre nurse specialising in ear, nose and throat.

“During the 12 years I spent at KKH, I have seen many patients with long-term illnesses, who require continuous care. I have also met some parents of children who really do need support,” Molly said.

“I was moved to make a contribution to KKHHEF because, having worked here, I know that KKH really provides genuine care to patients. They do not spend unnecessarily; there is no impropriety. The money donated really goes to patients, and the process is very transparent,” she added.

Because every woman and child deserves better health

Professor Kenneth Kwek, Chief Executive Officer, KKH, and a member of the KKHHEF board of trustees expressed his gratitude, “As KKHHEF is totally dependent on donations, on behalf of our patients, we thank Molly and many other generous donors who have saved lives by enabling the fund to continue with its work of giving financial support to needy patients.”

Molly returned to India in February 2013 to further her education in nursing, but her gift continues to benefit many women and children receiving treatment at KKH.

“When you give to an individual, sometimes their requests never end,” said Molly. “But when you give to an organisation, your donation goes to meet the needs of many people, and the organisation can prioritise the most pressing needs.”

About the KKH Health Endowment Fund

Registered as a charity in 2002, the KKHHEF raises funds to help needy patients, who very often have exhausted all options and are in need of financial assistance, for their medical treatment. The fund also supports education, research and disease prevention programmes to improve women’s and children’s health.

A Helping Hand

Ex-nurse donates $50,000 to help needy patients afford medical treatment

After 12 years of caring for patients at KK Women’s and Children’s Hospital (KKH), Nurse Clinician Chandraseker George Molly decided to return to India to further her nursing qualifications.

However, Molly had a big surprise up her sleeve for her KKH family – a gift of $50,000 towards the KKH Health Endowment Fund (KKHHEF), which provides financial support to needy patients for their medical treatment.

Keeping a little girl alive: A KKHHEF beneficiary’s story

Five-year-old Cindy* was diagnosed with biliary atresia, a condition that leads to liver damage, and was put on a wait list for a liver transplant. Cindy required multiple trips to and from the hospital for her medical follow-ups. Support from the extended family was poor, and Cindy’s grandfather relied on Cindy’s parents for care and finances. Both parents worked very hard to support their family of five. For some time, Cindy’s mother had to take on two jobs, to earn some extra income for the family. KKHHEF provided financial assistance worth about $13,000 for a year to Cindy’s family for her special milk diet and medication.

For more information about the KKHHEF, please visit www.kkh.com.sg/kkhhef, email kkhhef@kkh.com.sg or call +65 6394 2329.

* Not her real name
SAVE THE DATE!

6-7 September 2013

19 October 2013

16 November 2013

7th KKH Annual Scientific Meeting

A two-day multidisciplinary extravaganza for medical and healthcare professionals, focusing on innovating healthcare for women and children. Details on Pg 8-9.

10th Practice Update in Paediatrics

Experts from KK Women’s and Children’s Hospital share trends and updates about managing common paediatric ailments in the Singapore population. Details at www.kkh.com.sg/events

GP Forum for Paediatric Health 2013 (Surgery)

Paediatric surgery experts present on conditions such as flatfeet, scoliosis and eye disorders. Details on Pg 10.

INSIDE THIS BOOK

• Preparing for parenthood
• Managing finances
• Caring for mum
• Travelling with multiple babies
• Dealing with sibling rivalry
• Nurturing life skills
• Maintaining the couple relationship

WRITTEN BY Mrs Dorothy Chin and co-produced by KK Women’s and Children’s Hospital.

OUR AMAZING QUINS

Singapore’s only parenting guide on multiple births.

Our Amazing Quins is a personal account of a mother’s 16-year journey and experiences with raising Singapore’s first set of quintuplets. Read about the challenges of parenting multiple children, and learn innovative ways to overcome them! Share in the family’s joys and anxieties as they raise not one, but five children of the same age, in modern Singapore.

A BOOK FOR CHARITY

All proceeds from ‘Our Amazing Quins’ go towards helping patients who are in need of financial assistance for medical treatment, through the KKH Health Endowment Fund (KKHHEF).

The Fund also supports education, research and disease prevention programmes to improve women’s and children’s health. For more information about KKHHEF, please visit www.kkh.com.sg/kkhhef or call +65 6394 2329.

‘Our Amazing Quins’ is available at all major bookstores (RRP$15), and also at the KKH Patient Education Centre and website for a special price of $12.

To purchase the book online, or for more information, visit www.kkh.com.sg/quins

WRITE A MESSAGE